



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1237880
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1237880

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
DRILLING SERVICES, LLC

271184

TICKET NUMBER 48206
LOCATION Oklahoma KS
FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-487-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-16-14	5252	Tammhill #A-15	NW 4	24	16	W0
CUSTOMER Midway Oil Co.						
MAILING ADDRESS P.O. Box 1000						
CITY Miami		STATE OK	ZIP CODE 74354			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mad	558	Brv Bir
			495	Dus Web	515	Col Mob
			675	Ki Del		
			370	Mik For		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1021 CASING SIZE & WEIGHT 2 7/8 EUS
 CASING DEPTH 1012 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT SEABO DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump
 100# Gel Flush. Pump 9 1/2 BBL tall tale dye. Mix Pump 95 SKS
 50/50 Pom Mix Cement 6 1/2 Gal. Follow w/ 25 SKS OWC Cement
 Flush pump & lines clean. Displace 2 1/2" Rubber plug to
 casing TD. Pressure to 800" PSI. Release pressure to
 set Float Valve. Shut in Casing.

Leis Drilling - Nick

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	60 mi	MILEAGE	495	297 ⁰⁰
5402	1012	Casing Footage		N/C
5407	Minimum	Ten Miles	515	368 ⁰⁰
5407	Minimum	Ten Miles	558	368 ⁰⁰
5502C	3hrs	80 BBL Vac Truck	675	300 ⁰⁰
5502C	3hrs	60 BBL Vac Truck	370	300 ⁰⁰
1124	95 SKS	50/50 Pom Mix Cement	1092 ²⁰	
1126	35 SKS	OWC Cement	691 ²⁵	
112B	579 ⁰⁰	Premium Gel	127 ³⁵	
		Material	1911 ¹³	
		less 30%	- 573 ³⁹	
		Total		1327 ²⁹
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.15%	SALES TAX 97 ²⁶
				ESTIMATED TOTAL 4139 ⁰⁵

Form 5737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983		API #15-207-28772-00-00	
Operator: Victor J Leis		Lease: Tannahill	
Address: PO Box 223		Well #A-15	
Phone: 785-313-2567		Spud Date: 9-15-14 Completed:9-16-14	
Contractor License: 33900		Location: Sec: 4 TWP: 24 R: 16	
T.D. 1117	Bite Size:5 7/8	825 ft. from north line	
Surface Pipe Size:8 5/8	Surface Depth: 43 ft.	495 ft. from west line	
Kind of Well: Oil		County: Woodson	

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	5	Shale	1062	1065
Clay	5	21	2 nd Lime Cap	1065	1066
Lime	21	26	Oil Sand	1066	1074
Shale	26	43	Sand	1074	1078
Lime	43	60	Shale	1078	1117
Shale	60	217			
Lime	217	273			
Shale	273	296			
Lime	296	492			
Shale	492	544			
Lime	544	675			
Shale	675	840			
Lime	840	843			
Shale	843	852			
Lime	852	856			
Shale	856	865			
Lime	865	890			
Shale	890	913			
Lime	913	914			
Weiser Sand	914	925			
Shale	925	936			
Lime	936	940			
Shale	940	966			
Lime	966	968			
Shale	968	983			
Lime	983	991			
Shale	991	1002			
Lime	1002	1009			
Shale	1009	1019			
Cap Rock	1019	1020			
Shale	1020	1023			
Broken Oil Sand	1023	1036			
Shale	1036	1061			
1 st Lime Cap	1061	1062			